

Case 11-50832-KMS Doc 44 Filed 07/08/11 Entered 07/08/11 16:45:07 Desc Main

Case 11-50832-KMS Doc 8 Filed 04/20/11 Entered 04/20/11 11:37:21 Desc Main
Document Page 1 of 2

Chapter 13 Plan Form, Revised 10/24/2005

*** MODIFIED

CHAPTER 13 PLAN

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPICASE NO. 11-50832Debtor Pinky Anise Bowman SS # XXX-XX- 5959 Current Monthly Income \$ 1856.00
Joint Debtor _____ SS # XXX-XX- _____ Current Monthly Income \$ _____
Address 720 Grace Avenue; Hattiesburg, MS 39402 No. of Dependents 1
Telephone No. 601-744-6519 TAX REFUNDS AND EIC FOR DISTRIBUTION: _____**THIS PLAN DOES NOT ALLOW CLAIMS.** Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.**PAYMENT AND LENGTH OF PLAN** ***54The plan period shall be for a period of 48 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.(A) Debtor shall pay \$ 479.00 per monthly to the Chapter 13 Trustee.

A payroll deduction order will be issued to Debtor's employer @:

Sears, Roebuck & Co.3333 Beverly RoadHoffman Estates, IL 60179

(B) Joint Debtor shall pay \$ _____ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee.

A payroll deduction order will be issued to Debtor's employer @:

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full: IRS \$ _____ @\$ _____ /mo
State Tax Commission \$ _____ @\$ _____ /mo Other \$ _____ @\$ _____ /mo

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO: _____

beginning _____ in the amount of \$ _____ per month shall be paid: _____ direct _____ through payroll deduction _____ through the plan.

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO: _____

in the amount of \$ _____ shall be paid \$ _____ per month: _____ through payroll deduction _____ through the plan.

HOME MORTGAGE(S)

MTG PMTS TO: Carrington Mortgage BEGINNING 4/2011 @\$ 360.00 () PLAN (XX) DIRECT

MTG PMTS TO: _____ BEGINNING _____ @\$ _____ () PLAN () DIRECT

MTG ARREARS TO: _____ THROUGH _____ \$ _____ @\$ _____ /MO*

MTG ARREARS TO: _____ THROUGH _____ \$ 691.64 @\$ _____ /MO*** per order*Debtor's Initials PAB Joint Debtor's Initials _____CHAPTER 13 PLAN, PAGE 1 OF 2

Case 11-50832-KMS Doc 44 Filed 07/08/11 Entered 07/08/11 16:45:07 Desc Main

Case 11-50832-KMS Doc 8 Filed 04/20/11 Entered 04/20/11 11:37:21 Desc Main
Document Page 2 of 2

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst Rate	Total Amt. To Be Paid	Monthly Payment
Chase Auto Finance	2007 Hyundai Santa Fe	\$23,000	\$15,952	7 %	\$18,335.52	\$381.59
Hattiesburg Finance	Household Goods	\$ 1800	\$ 100	%	Avoid Lien, Pay As	522f
Tower Loan	Household Goods	\$ 2256	\$ 100	Avoid Lien	Unsecured	522f

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

UNSECURED DEBTS totaling approximately \$ 16,800 are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: _____ IN FULL or 1 % (PERCENT) **Approximately.**

Total Attorney Fees Charged \$ 2800
 Attorney Fees Previously Paid \$ 416
 Attorney fees to be paid through the plan \$ 2384

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent
Allstate - Bernard Green
17 Plaza Drive
Hattiesburg, MS 39402
 Telephone/Fax 601-264-1628

Attorney for Debtor (Name/Address/Phone # / Email)
Paul B. Caston, MSB # 10086
P.O. Box 1742
Hattiesburg, MS 39403-1742
 Telephone/Fax 601-544-2516 / 601-544-2517
 E-mail Address paulcaston@gmail.com

DATE: 4/19/2011 DEBTOR'S SIGNATURE /s/ Pinky Anise Bowman

JOINT DEBTOR'S SIGNATURE _____

ATTORNEY'S SIGNATURE /s/ Paul B. Caston

Debtor's Initials PAB Joint Debtor's Initials _____

CHAPTER 13 PLAN, PAGE 2 OF 2